

INVOICE



BGPO.BM

Northshore Medical & Aesthetics Center,
P.O. Box HM1839 Hamilton HMGX,
Bermuda
1(441)293-5476
info@nmac.bm

Billing Address

Sheri Burgess
sherib@nmac.bm

,
,

Shipping Address

Invoice #	INV-2025-0637
Order No.	ORD-2025-0636
Date	May 07, 2025
Amount	\$319.92

Product	Rate	Quantity	Price
Hair Check Cartridges	\$39.95	8	\$319.60

Total	\$319.6
Shipping Charge	\$0.00
Discount	\$0
Sub Total	\$319.92